



Atty. No. 10015361-1

AF 2853 ✓

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Will G. Fetherolf
Title: VERTICAL MOUNT PRINTING
DEVICE
Appl. No.: 10/086,908
Filing Date: 2/28/2002
Examiner: Leonard S. Liang
Art Unit: 2853

CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date below. Ardis Sitar (Printed Name) <i>Ardis Sitar</i> (Signature) 07/20/2005 (Date of Deposit)
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**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated 04/22/2005, and in the Advisory Action dated 07/06/2005, finally rejecting Claims 29, 31, 32, 34-40, 44-48, 50-52, 54, 55 and 58-61.

- ☐ Applicant claims small entity status.
- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:
- ☒ Notice of Appeal Fee
- ☒ To be paid as detailed below
- ☐ Not required (Fee paid in prior appeal)

07/26/2005 EFLORES 00000028 082025 10086908
01 FC:1401 500.00 DA

The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$500.00
<input type="checkbox"/>	Extension month:	\$0.00
<input type="checkbox"/>	Extension:	\$0.00
	FEE TOTAL:	\$500.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):	\$0.00
	TOTAL FEE:	\$500.00

☒ Please charge Deposit Account No. 08-2025 in the amount of \$500.00. A duplicate copy of this transmittal is enclosed.

☐ A check in the amount of \$500.00 is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 08-2025. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 08-2025.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date July 19, 2005

By Todd A. Rathe

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